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CONFIRMATION NO. 6731

<b>SERIAL NUMBER</b> 10/665,602	<b>FILING OR 371(c) DATE</b> 09/22/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> PF200D1C1
<b>APPLICANTS</b> Paul S. Meissner, Barnesville, MD; Timothy A. Coleman, Derwood, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/393,023 09/09/1999 ABN which is a DIV of 08/471,371 06/06/1995 PAT 5,981,215 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/28/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 22195				
<b>TITLE</b> Human criptin growth factor				
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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